

Michigan Department of Consumer & Industry Services

611 W. Ottawa Street
P.O. Box 30717
Lansing, Michigan 48909

MDCIS USE ONLY	Date Rec'd by Regional Coordinator: _____
Date Received at MDCIS: _____	Date Amendments Requested: _____
Date Reviewed by Reg'l Coord.: _____	Date of On-Site: _____
Date Amendments Received: _____	Date Report form sent to MDCIS: _____
Recommended Approval: ? Yes ? No	
Regional Coordinator Signature: _____	

Application for Approval as EMS Instructor/Coordinator Education Program Sponsor

****PLEASE SUBMIT TWO COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS****

This application is to be completed jointly by the Emergency Medical Services Course Coordinator and a representative of the Program Sponsor. **All applications must be received by MDCIS at least 60 days prior to the planned start of the first course to be offered.** Approval of an education program for EMS Instructor Coordinators is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended, and applicable rules, and compliance with MDCIS IC Education Program Requirements. **The course may not start until the application is approved.** If the application does not meet approval criteria by 30 days following the onsite evaluation, (or 30 days following regional coordinator review, if no onsite) the application becomes null and void.

Program approval is for three years if an onsite evaluation is conducted. If no onsite evaluation is conducted, the program will be approved for one year. For all additional course offerings within the approval period, the sponsor must submit form Bureau of Health Services-EMS-136a Notification of Interim Courses, and attachments. The interim notification form must be received by the Regional Coordinator at least 30 days prior to start of the course.

1.

Education Program Sponsor			
Address			
City	State	Zip	County
Contact person (other than I/C) if questions arise regarding this application			
Name	Title	Telephone Number	
		()	
Address if other than above			

2.

IC Course	Start date	_____	End Date	_____
(Attach schedule of course)				

3.

Course Location (building, room #, street address, city, zip)

4.

Sponsor is a:

- | | |
|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Post-Secondary School |
| <input type="checkbox"/> Life Support Agency | <input type="checkbox"/> Adult Education Center |
| <input type="checkbox"/> Medical Control Authority | <input type="checkbox"/> Vocational/Technical/High School |
| <input type="checkbox"/> U.S. Military Service | <input type="checkbox"/> Licensed Proprietary School |

Attach verification of sponsor type AND a written statement outlining sponsor responsibilities

5.

Course Coordinator (I/C): Print Clearly

First/Middle/Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

MI I/C License #: _____ I/C ID#: _____

My signature here affirms that I understand that the rules pursuant to PA 368 of 1978, as amended, require that a licensed I/C be in attendance at all didactic and practical sessions.

Signature: _____

Attach copy of course coordinator's provider & I/C licenses, contract or employment agreement between sponsor and course coordinator and course coordinator position description.

6.

Instructional Faculty:Use the attached form labeled "Instructional Faculty" to list **all** instructional faculty. Please list name, title and role in course.

7.

Financial Resources:

Attach signed statement of financial support

8.

Physical Resources, Audio/Visual, Learning Resources:

Attach statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCIS requirements for physical resources, audio/visual, and learning resources, as described in the program approval packet.

9.

Student Teaching:Attach copy of student policy that explains how student teaching will be arranged and supervised.
(see required information as described in the program approval packet)

10.

Student Policies/Course Syllabus

Attach copy of student policies and course syllabus containing all MDCIS – required information as described in the program approval packet.

11.

Operational Policies/Procedures

Attach statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCIS requirements for operational policies and procedures, as described in the program approval packet.

12.

Program Evaluation

Attach a statement signed by authorized representative of Program Sponsor that sponsor complies with all MDCIS requirements for program evaluation, as described in the program approval packet. Use attached form labeled "Program Evaluation" to list advisory committee members for each level program, including their name, title, address and phone number.

13.

Hourly Breakdown of course(s)	
Didactic	
Practical	
Testing	
Student Teaching	
Total Course Hours	

14.

I affirm that all information submitted in response to this application is true and that the EMS IC education programs under our sponsorship are consistent with the Michigan Department of Consumer & Industry Services education program requirements and performance objectives. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instruction and that classes will be taught in an appropriate education environment.

The Michigan Department of Consumer & Industry Services, or its designated representatives, reserves the right to request copies of all documentation relevant to the conduct of this program and upon which approval is granted and to make an initial on-site evaluation visit and follow-up monitoring visits as the Department shall deem appropriate.

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this application on the Program Sponsor's behalf. I affirm by my signature that this program will follow all course requirements as set forth and approved by MDCIS and that any changes from the information submitted herein will be submitted to MDCIS for approval before they are implemented. **I understand that any misrepresentation of the information provided as part of this application may result in non-approval or revocation of existing approval.**

Name of Education Program Sponsor		
Original Signature – Authorized Individual		Date
Printed Name of Authorized Individual	Title	Telephone Number ()

Forms Attachments:

Course Schedule Form
Instructional Faculty Form
Checklist – required attachments

Checklist

The following items **must** be attached to and submitted with this application:

- _____ Course schedule(s)
- _____ Verification of sponsor type
- _____ Written statement outlining sponsor responsibilities
- _____ Copy of course coordinator's I/C license and EMS provider license
- _____ Copy of signed contract between program sponsor and course coordinator or employment verification letter
- _____ Course coordinator position description (may be part of contract)
- _____ List of the instructional faculty (form titled Instructional Faculty)
- _____ Signed program sponsor statement of financial support
- _____ Signed program sponsor statement of meeting MDCIS requirements for facility, audio/visual resources, and learning resources.
- _____ Policy on how student teaching opportunities will be arranged
- _____ Copy of student policies
- _____ Copy of course syllabus containing all MDCIS – required information
- _____ Signed program sponsor statement of meeting MDCIS requirements for operational policies and procedures
- _____ Signed program sponsor statement of meeting MDCIS requirements for program evaluation

Documentation of compliance with all other required approval criteria must be on file or physically present at the course site and available for verification during the on-site evaluation or at the request of the regional coordinator. It is suggested that documentation of compliance with recommended criteria also be made available at the on-site evaluation.

See EMS IC Education Program Approval and On-site Evaluation document for detailed explanation of requirements.

COURSE SCHEDULE

Program Sponsor: _____
Course Coordinator: _____

Course Level: _____
Course Location: _____

Lesson Number	Date & Time	Hours	Topic	

Attach course schedule(s) to application. Schedule must include topics and hours required in MDCIS Education Program Re

